MPERIAL BEACA

City of Imperial Beach

Office of the City Clerk 825 Imperial Beach Blvd. Imperial Beach, CA 91932

Office: (619) 628-2347 Fax: (619) 628-1395

Email: cityclerk@imperialbeachca.gov

The City of Imperial Beach is committed to providing prompt, courteous access to Public Records. All requests will be reviewed as soon as possible and responded to within 10 days in compliance with the California Public Records Act.

Once completed, please print form and hand deliver, mail, fax, or scan and email the form to the City Clerk's Department at City Hall.

Request for Public Records

FOR CITY CLE	ERK'S USE ONLY
Amount Due: Pick up/email date: Completed by:	

Copies will be provided at a cost of \$0.35 for the first page and \$0.10 for each page thereafter. Microfilm copies are \$0.50 for the first page and \$0.15 for each page thereafter. Copies of meeting tapes are \$5.00 each. If you would like the records mailed, a postage fee will be added to the total due. Once staff calculates cost, payment will be required in advance for direct cost of duplication and postage.

For City Clerk's Use Only:	Name:				_		
Community Development							
Public Safety	Mailing Address:						
Public Works Administrative Services	Email:						
Is this request related to pendir	ng litigation involvi	ng the City of Im	perial Beach?	Yes _	No		
If yes, Please provide the name(s) of the party involved:							
Description of public record (You identify the record sought. State		•			he City to		
For City Clerk's Use Only:							
Due Date: Date Co	ompleted/Called:	Ву:	Notes:				
				Log Number:			